**Informed Consent for Telecounseling**

Telecounseling offers counseling and support services via interactive video conferencing over the internet. Our telecounseling program was designed to improve access and continuity of care for survivors of sexual assault from any location. Survivors can connect confidentiality to their counselor from their laptop, computer, smartphone, or tablet using the doxy.me platform.

**By agreeing to this form, you understand the following:**

1. [Center] operates out of the Commonwealth of Pennsylvania and is governed by the laws of the state with regard to counseling, mandatory reporting, confidentiality, and all other laws and regulations governing the practice of counseling.
2. Expected benefits of telecounseling include increased access to services, convenience, reduced travel costs, and time savings. Possible risks to using telecounseling include technological difficulties such as disrupted connections, inability to connect, or poor resolution of images. In very rare circumstances, security protocols could fail, causing a breach of privacy of personal information.
3. As the client, you understand that you have the right to withhold or withdraw your consent to the use of telecounseling services without affecting your right to future care or treatment. In the event telecounseling is determined to not be in your best interests, your counselor will suggest alternative options better suited to your needs.
4. As the client, you are responsible for (1) providing the necessary telecommunications equipment and internet access for telecounseling sessions (2) the information security on your computer and (3) arranging a location with sufficient lighting and privacy that is free from distractions and intrusions to protect your counseling session.
5. As the client, you may choose the location to participate in telecounseling, such as home or work. Your counselor will help you think through the best place for you.
6. As the client, you are required to tell the counselor if any additional people are in the room with you. Your counselor is required to tell you if any additional people are present in the room with them during the session. You must verbally approve the person being in the room before the counseling session can continue. If a person enters the room during the session, the counselor will briefly pause the session in order to protect confidentiality. You also agree to not record the session via audio or video technologies.
7. As the client, you understand that telecounseling is neither a universal substitute, nor the same as face-to-face counseling. You understand that telecounseling does not provide emergency services. You and your counselor will make an emergency response plan together. If you are experiencing an emergency situation, you understand that you can call 911 or proceed to the nearest emergency room for help. If a life threatening medical emergency were to occur, and you were unable to authorize the release of information, information limited to the medical emergency may be disclosed.
8. As the client, you must inform your counselor if you will be outside of the Commonwealth of Pennsylvania during your session. The counselor will be unable to provide you services outside of Pennsylvania.

By signing this document, I have read and understand the above information provided regarding telecounseling. I have discussed it with my counselor and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telecounseling services and agree to follow the steps above.

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 Individual (14+) Date

**As a representative of [center], I have explained the above information to the client.**

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[Center] Representative Date